

Worksite Challenge: Fit with 5

Physical Activity & 5 A Day Surveys

(For Team Captains)

Return to coordinator by (date)

Team Name _____

Team Captain _____

	Physical Activity Survey				5 A Day Survey			
Participant Name	1	2	3	4	1	2	3	4
1								
2								
3								
4								
5								
6								
7								
8								
Team Totals								
Team Percentage								

_____ Number of participants who finished “Worksite Challenge: Fit with 5”

_____ Number of participants who dropped out of “Worksite Challenge: Fit with 5” (participated fewer than six weeks)

_____ Percent of participants who dropped out of “Worksite Challenge: Fit with 5” (participated fewer than six weeks)
